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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on a case of Acute Dropsy without Albuminuria. By W. R. Basham, M.D., Senior Physician to the Westminster Hospital.

The term "acute dropsy" is usually applied to a succession of symptoms, originating most commonly from exposure to cold and wet, followed by rigors and febrile disturbance, more or less difficulty of breathing, scanty and all but suppressed urine, with or without traces of blood in it, and a diffuse, dropsical condition of the surface of the body, affecting the entire areolar tissue, with albumen in the urine in greater or less abundance.

These symptoms are usually observed to be so constant that the term "acute dropsy"—a phrase of a past generation—has been displaced, and "acute albuminuria" substituted; for this form of dropsy is usually recognized as Dr. Bright's first variety, and acute morbus Brightii and acute albuminuria have become synonymous and convertible terms.

The occurrence of a case of this familiar form of dropsy, in which not a trace of albumen could be detected in the urine throughout the entire course of the illness, possesses much interest, as well to the practitioner as to the renal pathologist.

Richard H.——, aged twenty-six, employed in the gas works, was admitted into King William ward on Jan. 22d. He stated that about a fortnight previously, having been exposed to cold and wet, he suffered from cold chills and pains in his limbs, followed by considerable febrile disturbance; and that a morning or two afterwards he suffered much distress in his

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breathing, and there was a swollen and puffy state of the face, eyelids, and cheeks, as well as of the surface of the body generally.

On admission the aspect of the patient was strictly characteristic of acute albuminuria. The face was puffy; the eyelids were œdematous, as well as the backs of the hands and the arms as far as the elbows; the surface of the chest was slightly anasarcous, which was more pronounced from the thighs downwards. The respirations were hurried, and the breathing movement short; a deep inspiration could not be taken. The breath-sounds throughout the chest were indistinct, and everywhere obscured by moist, wheezy murmurs. The resonance was equal in the corresponding regions of the two sides. The sounds of the heart were indistinct, from the moist sounds in the chest. Pulse 90. He complained of a teazing cough, worse at night, and dyspnœa, coming on in paroxysms. The expectoration was bronchial mucous. There was frequent micturition, but the urine was scanty in quantity, very high-coloured, of a bright sherry colour, and of sp. gr. 1022. Not a trace of albumen could be detected in it. Neither heat and nitric acid, nor nitric acid alone (Harley's process) poured gently down the side of the tube so as to form a layer at the bottom, indicated the faintest trace; nor was any cloud produced by nearly pure alcohol. He was ordered the compound jalap powder, and an effervescing saline with chloric ether; to relieve the cough, the sweet spirits of nitre and compound tincture of camphor proved of service.

The cough continued troublesome for the next few days, but the breathing improved, and the paroxysms of dyspnœa subsided. The bowels acted freely with the powder, and by the fourth day there was a sensible reduction of the dropsy. Each day the urine was carefully examined by the several processes named, and no trace of albumen was discovered.

On the 31st, nine days after admission, the dropsy of the surface had disappeared. There was no œdema of the face, hands, trunk, or lower extremities. The cough had abated, and the chest-sounds were natural, save a slight bronchial murmur in the large tubes. An examination of the præcordial region led to the detection of what at first was thought to be a slight systolic murmur, heard chiefly at the apex of the heart. It is due to the intelligence of Mr. Winckworth, one of our most diligent students, to say that he first detected the murmur, and drew attention to the fact that it was less systolic than was at first supposed, for that a distinct to-and-fro murmur was heard if the ear was brought directly to the chest. There was no increased or irregular impulse—no tumultuous action; the pulse was from 78 to 80, perfectly quiet and natural; and the breathing unembarrassed. As the man had been under the care of Dr. Radcliffe for rheumatism some eight months previously, in all probability some pericardial mischief was then established. It was evident, from the state of respiration, pulse, and heart-impulse, that no recent disorder of this organ could have occurred. The man left the hospital of his own accord, perfectly convalescent, on Feb. 9th, just eighteen days after admission.

It is very clear from this case that all the usual conditions may concur to establish a diffuse, or what was once called an acute, dropsy, without the kidneys being in any way implicated beyond such an amount of functional disturbance as may be indicated by scanty urine—simply deficient in the proportion of water ordinarily present, and which usually accompanies the mildest febrile disturbance.

The heart was never sufficiently embarrassed to have had any share in the production of the dropsy. Moreover, the whole history of the case, as well as the condition of the patient on admission, proclaimed that kind of febrile disturbance, with bronchial congestion, the usual precursors of a diffuse dropsy, which hitherto has been all but universally associated with renal engorgement and albuminous urine; so much so, that on my first examination of the patient, and hearing the clinical clerk read out the category of symptoms and history, I unhesitatingly exclaimed, "A case of acute albuminuria: now let me see the urine." The result has been stated. Such an instance has never occurred to me before. It is very clear that such cases must be very infrequent, as, with a tolerable experience at this hospital and elsewhere, I have never met with a similar exemption from albumen in the urine during the existence of a diffuse dropsy following rigors and febrile disturbance. The ordinary renal congestion, which,

in acute dropsy, is usually as common as the pulmonary engorgement, was therefore entirely absent; and it is a singular example of important organs escaping a complication which is so formidable in a great majority of cases that it may be truly said that nineteen-twentieths of fatal cases of morbus Brightii date their origin from an inception analogous to this case, save in the important feature of a non-albuminous urine.

It is impossible to assign any cause for this exemption. The man's antecedents would seem to justify an unfavourable inference rather than otherwise. He had suffered acute rheumatism rather severely; he was not very regular or steady in his habits, and these were of the type which form so prominent a feature in most cases of morbus Brightii. From a clinical point of view, the necessity for an accurate examination of all the organs, and of such excreta as are likely to assist in diagnosis, is sufficiently declared. I venture to say, further, that we may still without impropriety retain in our nomenclature the words "acute dropsy," or, if it be more demonstrative, "acute febrile dropsy," since it is manifest from this case that a dropsical infiltration of the areolar tissue of the chief organs of the body may follow a febrile attack, without, as ordinarily happens, the transudation of albumen in the urine being coincident with it.—*Lancet*, Aug. 24, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Bubo at the different London Hospitals.—The subject of bubo, especially venereal bubo, is one upon which it is always interesting to compare the views held by various experienced observers. No doubt we do not often see in the well-nourished classes those cases of suppurating bubo which, from the altered condition of the skin of the groin, are a source of endless trouble to the surgeon. Still, every now and then, in peculiar constitutions, a case may be met with which is disheartening enough to the medical attendant, who would be very grateful for any hints which were likely to help him out of his difficulty.

Guy's Hospital.—The following is an outline of the methods of treatment adopted by Mr. Durham in the ordinary forms of bubo.

1st. In the case of the numerous, slightly enlarged, hard, painless glands usually associated with true syphilitic sores, no local treatment is considered necessary. The glands participate more or less directly in the general treatment. This essentially consists, in the majority of cases, in regular mercurial inunctions about the inguinal regions.

2d. In the case of the less numerous (or single), more enlarged, painful and tender, but still somewhat hard, glands, associated with simple or suppurating venereal sores, or with syphilitic sores which have become inflamed, or sometimes with gonorrhœa, *rest* as thorough as possible, is enjoined. At the same time, all practicable measures are taken to remove the irritation and allay the inflammation of the parts primarily affected. When it can be borne, continuous pressure is maintained over the enlarged glands by means of a large pad of cotton-wool or lint, and a spica bandage. In some cases the iodide of potassium ointment, or the iodine ointment, is freely smeared over the parts beneath the pad, and from time to time gently rubbed in. In other cases (especially in those in which pressure cannot be borne, and in which the patient is obliged, or is able, to lie up), the skin over the glands is repeatedly painted with the strong tincture of iodine, or with some blistering fluid. The former line of treatment is adopted in cases in which it is desired to act upon the glands by means of medicaments absorbed; the latter in cases in which counter-irritation seems likely to be useful, and in which it can be carried out without hurt or undue inconvenience to the patient. In many cases in which there has been much tenderness, a combination of extract of belladonna with iodide of potassium has been applied with apparent benefit. Every endeavour is made in every case to prevent suppuration altogether, or at any rate to put it off as long as possible, and to confine it within the narrowest limits. If, however, suppuration should seem inevitable, warm fomentations and poultices are recommended.

3d. In the case in which the skin is painful, red, and thinning, and in which it is manifest that suppuration has taken place in or about the glands, the buboes are at once opened by the lancet or knife in such a manner as to give the freest and quickest exit to the pus, and poultices are ordered to be applied for a few days. The direc-

tion and extent of the incision may vary with the shape, size, and condition of the abscess. As a rule, the incision corresponds in direction with the longest diameter of the abscess; and the length of it is determined by the extent to which the thinned and damaged skin will probably be left "undermined" after the bulk of the matter has been discharged. A well-judged free incision in the first instance often prevents the necessity of subsequently slitting up troublesome sinuses, and of dividing portions of undermined skin which will not adhere to the subjacent structures. In cases in which the abscess is roundish in outline, the vertical incision is preferred. In the majority of instances, however, the abscesses are elongated in the direction of the inguinal fold; in such cases the incision is made about parallel with Poupart's ligament.

In cases in which there is but a small, soft, fluctuating spot surrounded by more or less defined hardened structures, and in which the skin is but slightly reddened, or not at all, and in which there are few signs of acute inflammation, a small puncture into the abscess is considered sufficient.

In some cases the abscess appears to be in the structures surrounding the glands, rather than in the glands themselves. In such cases, after the matter has been evacuated, the glands may be seen standing out, as it were, more or less enlarged and hard, and overlapped to some extent by the undermined edges of the incision. The application of strips of lint smeared with the red oxide of mercury ointment to the glands is the treatment ordinarily adopted when the case has assumed a chronic aspect.

In cases in which open buboes take on a chancrous aspect they are treated on the same principles as the primary sores to which they correspond. Some are stimulated, as by nitric-acid lotion or black lotion; some are soothed by the application of preparations of opium or anodyne poultices. Occasionally, but rarely, destruction of the surface by strong nitric acid is necessary. In many instances the iron lotion (ferri potassio tartras, from ten to twenty grains in one ounce of water) is found useful, or a mixture of the iron lotion with some opiate.

In all cases the most thorough rest compatible with the patient's circumstances is insisted upon; and in cases in which general rest is impossible, local rest is insured as far as practicable by means of pad and bandage. In all cases, also, the general health of the patient is carefully attended to, and any constitutional symptoms are treated from time to time as they may arise.

St. Bartholomew's Hospital.—Enlargement of the inguinal glands often comes under Mr. Callender's notice in the out-patient room, and, beyond the continuance of general treatment for the disease, if any, from which such enlargement has originated, he does not resort to any active remedial measures, the patient being simply required to rest as much as possible in the recumbent position, or at all events to abstain from active work. Occasionally, for a medicine-wanting patient, some lead lotion has to be prescribed; and when, as now and then happens, the glands are somewhat painful, an opiate plaster is found to be an acceptable application.

The most speedy and the most certain mode of dispersing such glandular enlargement consists in the removal of the causes of the irritation, foremost amongst which are affections of parts of the genital organs and of the lower part of the rectum. Often, however, from the inability of the poor to obtain sufficient rest, the parts around the enlarged glands inflame and suppurate. During this stage warm emollient applications give the greatest relief; and later on, when suppuration has been fully established, a vertical incision becomes necessary, but in no case is the knife had recourse to until matter has fully formed throughout the bubo. After letting out the pus, a linseed-meal poultice for a day or two, and the subsequent use of water-dressing, complete the local treatment.

In broken-down subjects poisoned with syphilis, a bubo which has ulcerated, is dusky-looking, with ragged undermined edges, and extending pretty wildly through the groin, is frequently very slow in healing, not so much from any speciality which may infect it as from the ill-nourished and long spoilt system in which it is formed. Whilst attending to the general health, help may be given to such by cutting away the overhanging edges, by laying open sinuses, and by local applications (such as the dilute nitric acid) which destroy the unhealthy structures forming its superficies. Such

cases are often tedious in the extreme, and in truth are best remedied by transferring them from the out-patient room to the hospital ward, where they are speedily helped on, chiefly by the good food and by the enforced attention to cleanliness. As an ulcerating bubo happens to be languid in its healing, or irritable or painful, various simple remedies suggest themselves, such as zinc or opium lotion, and so forth.

The local treatment which suffices in the great majority of cases is rest, incision when suppuration is established, and the subsequent use of water-dressing. General treatment is of course as varied as are the conditions which influence the origin and the progress of the glandular affections.

St. Mary's Hospital.—Mr. GASCOYEN has observed in his practice that most of the cases of bubo requiring treatment have occurred either in strumous persons or in those of that particular habit of body known as the *lymphatic temperament;* and he is disposed to believe that in the large majority of patients, buboes are determined by constitutional rather than by local causes.

Any simple irritation of a part whose lymphatic vessels are in connection with a particular chain of glands may occasion enlargement of those glands; but in a healthy person, when the excitant is removed, the swelling will subside, and the glands recover their normal size and condition. In scrofulous or weakly subjects, however, in whom the vital processes are less active, and even in healthy persons who are careless of themselves, such glandular enlargements are more persistent; and they will often remain stationary, or will slowly increase under the stimulus caused by the ordinary movements of every-day life. When in this morbid condition, any further irritation may excite inflammation in the glands; but it seldom assumes an acute form and usually subsides under rest and simple remedies, though occasionally it will pass on to the formation of matter, and necessitate incision.

In the treatment of buboes, *rest* is the essential point to be obtained; and if the patient will early submit to this, the cases are but few in which suppuration may not be prevented. It is, however, difficult to secure this until the pain and inflammation have become severe.

After rest, Mr. Gascoyen has found poultices and warm fomentations of most service; the gentle warmth and moisture are most grateful, and, as they maintain the suppleness of the skin in the groin, the patient is enabled to walk about with greater freedom and less pain than under other methods of treatment. At night, some blue ointment, with or without the extract of belladonna or of opium, a weak iodine ointment, or some other form of mild discutient, may be smeared upon lint and applied under the poultice. These applications should not be rubbed into the affected parts, as the friction often acts injuriously.

Compression, by means of pads and bandages, has succeeded in Mr. Gascoyen's hands, as it is impossible to keep the patient from walking about, and the constant rubbing thus caused by these appliances upon the swollen glands constitutes a further source of irritation.

If, in spite of treatment, the glands have remained enlarged for a length of time, and are inconvenient from their size occasionally becoming painful with exercise, three or four leeches, applied twice or three times a week, will usually succeed in reducing them either by promoting their absorption or by causing them to suppurate. A succession of small blisters will often bring about the same result.

In those cases where the glands are sympathetically inflamed, as in gonorrhœa, balanitis, excoriations of, or sores on, the penis, &c., rest and evaporating lotions will generally relieve the inflammatory condition: but if the skin become reddened and the swelling painful, ten or twelve leeches should be employed, and repeated if necessary, followed by poultices. When the pain has subsided, absorption of the swelling will be expedited by the use of discutient ointments as above.

Mr. Gascoyen has seldom found benefit from the application of ice in such cases; it usually produces considerable pain in the part, and cannot long be tolerated. In his experience, suppuration has usually followed its employment.

Should the inflammation pass on to the formation of pus, as soon as it can be detected a puncture should be made to relieve the pain and tension, and to allow the escape of the matter; the bleeding from the cutaneous vessels is also of service in relieving the congestion of the skin.

As a general rule, Mr. Gascoyen is averse to the use of the knife in the treatment of bubo; in acute cases, however, which require incision, a small opening should be made early. When the affection is subacute and progresses slowly, and especially in strumous patients, incision should be postponed until suppuration is not only fully established, but a sufficient time has elapsed for the affected glands to have become broken down, or until the attenuated skin would suffer by further delay, or the purulent collection has commenced to burrow beneath the integument and form sinuses.

In these chronic buboes, which although taking origin in a local cause, are mainly dependent upon the state of the constitution, every means should be adopted to procure absorption of their contents, as not unfrequently large collections of fluid will entirely disappear, even when the skin covering them is much thinned and congested. Often, also, when the fluctuation is distinct, and the presence of matter seems to be unequivocal, a few drops of turbid serous fluid only will follow the knife, and a gaping wound results, through which large infiltrated glands protrude and prevent its healing until they have been destroyed. When sinuses have been formed by the burrowing of matter, incisions should not be resorted to until other methods of treatment have failed, as the large puckered cicatrices which result from this practice interfere greatly with the after use of the limb, and occasionally these scars, from over-exertion, will re-open and form most troublesome wounds to heal. To effect the closure of these sinuses, setons may be introduced through them, or they may be injected daily with stimulating lotions, or thoroughly plugged with lint, either dry or steeped in these. Pressure, by pads, upon their track is sometimes a useful adjunct; and, where the sinus is quite subcutaneous, pencilling the skin freely with the solid nitrate of silver will frequently excite sufficient inflammation to cause adhesion of the walls.

The indurated condition of glands which almost invariably attends a hard chancre, or is present in cases of constitutional syphilis, seldom requires local treatment. Should inflammation occur, it is the result of simple irritation, and is rarely followed by suppuration; rest and the remedies employed for the general infection will usually cause their gradual subsidence.

The reverse is the case, however, in the buboes which succeed to the soft or non-indurated form of chancre; but they are by no means its constant accompaniment. They may arise from simple causes, but sometimes are determined by the absorption of matter from the surface of the sore, and its transference to a lymphatic gland. When this occurs severe inflammation at once ensues in the gland and surrounding cellular tissue, and an acute bubo is speedily formed. In these cases, as suppuration is certain to take place, Mr. Gascoyen advises that a somewhat free incision should be made very early to insure the escape of the pus as soon as formed. The matter is of a virulent character, and, like the sore from which it originated, capable of inoculation; so that the open bubo is in truth a glandular chancre, and must be treated as one.

The constitutional treatment of buboes must depend upon their cause; but as a rule, it should be of a tonic character, except where there is much inflammation. In some cases iodide of potassium will be found of service. When the bubo is chronic, or an indolent sore has resulted, a moderate amount of stimulus, with a generous diet, is highly requisite.

Westminster Hospital.—Mr. Francis Mason is in the habit of treating the "sympathetic bubo," or that arising from simple inflammatory action, however caused, by the application of water-dressing from the commencement. The evacuation of the matter is delayed until the skin has become thin, when a small puncture is made in a dependent position, with a narrow tenotomy knife. The patient will scarcely feel this proceeding if the precaution be taken to make a slight pressure on the surface, so as to render the skin tense at the seat of puncture. The contents are allowed to drain away spontaneously. Mr. Mason disapproves of violent manipulation in such cases, and believes that, besides causing much suffering to the patient, it favours the reaccumulation of pus. The plan above described has been attended with the best results in this locality, as well as in those abscesses which are met with in the neck near the sterno-mastoid muscle. It is comparatively painless, and the scar that

remains is scarcely perceptible. The water-dressing has some advantages over the poultice. It is more readily kept in position, and is cleaner and less cumbersome than the poultice, which gets dry, and sometimes becomes very uncomfortable. In the "suppurating bubo" that so frequently accompanies the simple non-infecting sore on the penis, a similar plan of treatment is adopted, unless the case proceeds to the complete destruction of the skin, leaving an unhealthy-looking ulcer with ragged edges. The surface of such an ulcer may be much improved by the application of a poultice for a day or two, after which a lotion of nitric acid or of myrrh, or the black wash, or even the water-dressing according to circumstances, may be used with advantage. Mr. Mason finds that when the ulcer assumes an indolent appearance, the application of the powdered peroxide of iron to the part is attended with marked benefit. As a general rule, a tonic course of constitutional treatment is employed, adding, if necessary, five grains of Plummer's pill as an alterative every other night. As to the "multiple indolent" or amygdaloid enlargement of the glands which accompanies the "true infecting," or that sore which usually infects the system, no local application is used. Mr. Mason joins with those surgeons who delay the administration of mercury until the secondary eruption appears, when the solution of perchloride of mercury (P.B.), in drachm doses, is found to be a most valuable remedy.

London Hospital.—In the endeavour to prevent suppuration in specific bubo, Mr. Little is in the habit of applying leeches, one or two daily or every other day, according to the extent and degree of the inflammation in the part. He finds no other measure equally efficacious as this, which if it does not prevent suppuration, generally lessens the size and acuteness of the abscess. Leeches are applied by out-patients pretty regularly, and are therefore, he thinks, preferable to ointments, lotions, or poultices, which are often only half used by this class of patients, whose occupations interfere with treatment.

Mr. Little opens buboes early and freely, in order to limit the disease and hasten its cure, removing any thinned undermined skin, leaving a cavity with an aperture which any application can easily reach.

A weak solution of Condy's fluid is used at first, and superseded by a lotion of tincture of iodine (ten drops to an ounce of water) if the suppuration is excessive. Should the sore show no tendency to granulate, Mr. Little brushes the edges with nitric acid or removes them with the knife, fills the cavity with lint soaked in a somewhat stimulating lotion, and applies pressure with strapping or bandage; giving bark, quinine, or iron internally, unless other symptoms indicate the same specific treatment.

University College Hospital.—Mr. BERKELEY HILL'S first object in treating venereal bubo (Mr. Hill prefers the term "venereal" to "syphilitic," as syphilis is seldom the cause of suppurating bubo) is to allay the congestion and hyperplastic action of the cellular tissue around the inflamed glands, as this new formation becomes pus with extreme readiness, and leaves obstinate ramifying sinuses. Before suppuration has commenced, the patient is ordered rest in the horizontal position, to foment frequently with very hot water, and, if the skin is already red, to lay on linseed poultices between the fomentations. If congestion is very great, a vertical incision half an inch long is made at the most prominent part, and bleeding encouraged by fomentations. Where this early treatment prevents suppuration, and irritation is subdued, the swelling is firmly compressed by a pad and spica bandage. If this swelling is slow to subside, the skin covering it is stimulated by painting with iodine and iodide of potassium dissolved in three times their weight of spirit, or some other blistering fluid. If suppuration takes place, as soon as the skin yields at any point the knife is used and the matter drained away. Sinuses are stimulated by passing threads along them to their farthest limit, and bringing the ends out through the skin. A weak lotion of sulphate of zinc or nitrate of silver is daily injected into their channels. If this fails to close them, they are laid open, and the undermining tracts stuffed with lint, poulticed for a few days, and then dressed with red wash. When the skin is purple or much undermined, it is destroyed by potassa fusa and also poulticed. If the surface assumes serpiginous ulceration or becomes very indolent, or if a lymphatic gland remains without granulating, the surface is thoroughly cauterized with three drachms of nitrate

of silver in half a drachm of nitric acid and an ounce of water, then well poulticed until the slough separates, and afterwards dressed with water-dressing and well bandaged. If the constitutional disturbance is considerable, a purge and a saline febrifuge mixture are given. Afterwards, good diet, with beer; and for feeble digestion, quinine, with tincture of perchloride of iron. For weakly or scrofulous persons, fifteen grains of tartarated iron, with cod-liver oil and other tonics, are given. Mr. Hill never gives mercury or antimony for this affection. —*Lancet*, Nov. 23, 1867.

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Ligatures of large Arteries—Subclavian and Carotid; Common Iliac, and Femoral.—Of the three following cases operated by Mr. MAUNDER, in the London Hospital, two ended fatally.

Case 1 was that of suspected innominate aneurism, for the relief of which ligature of the subclavian and common carotid arteries had been resorted to. The patient had experienced uncomfortable sensations about the right shoulder for some months before pulsation was observed, and only submitted to operation when the tumour appeared to be almost on the point of bursting. A ligature was placed on the subclavian in the third part of its course, and as soon as that was effected the carotid was tied.

The appearance of the patient rendered the step which Mr. Maunder had undertaken far from enviable. The man was well nourished (fat), and the neck, by reason of the obstruction to the return of venous blood, greatly swelled, the structures being infiltrated with and glued together by albuminous effusion. The veins were greatly distended, and were ligatured when divided. At an unusual depth from the surface was found the external jugular vein of the size of the forefinger. Under this the operator tunnelled until the artery was reached as it lay upon the first rib. The brachial plexus was not seen, but was felt in its sheath; but the direct guide to the artery in this instance was a small vein lying upon the artery, such as the operator had already noticed in operations upon the dead subject. A ligature was readily carried round the vessel on a twisted needle, the proceeding occupying twenty minutes. The common carotid artery was now dealt with, and ligatured high up, by reason of the position of the tumour. The patient died on the sixth day after the operation, and at a post-mortem examination the aneurism was found to have arisen from the ascending arch of the aorta, and to have included the root of the innominate artery.

This patient had been carefully tended and examined repeatedly by Dr. Davies and Dr. Sutton, but even now it appears to be impossible to determine whence a small aneurism at the root of the neck may arise.

Case 2 was that of a male, the subject of inguinal aneurism of the right side and of diseased vessels generally. Judging from the history, the aneurism was consequent on a strain. Treatment by compression had repeatedly failed; the veins of the affected limb were greatly distended, and the patient had once almost lost his life by hemorrhage from an ulcer on the leg. He was perfectly unable to earn his living, and was most desirous to undergo operation by ligature. The tumour occupying a good portion of the iliac fossa, the operator determined to reach the common iliac artery from above and from without, and made the incision from the point of the last rib, downwards, forwards, and inwards, to a point an inch internal to and below the anterior-superior spine of the ilium. The muscles were severally divided, and all vessels bleeding were ligatured at once. The transversalis fascia was carefully opened, and then the peritoneum, having a moderate quantity of fat upon it, was gently raised until the left forefinger reached what was probably the body of the fifth lumbar vertebra. The wound being well opened by two tongue-depressors, the artery was distinctly seen to pulsate. The areolar tissue about the vessel was scratched through by the finger-nail, and a ligature was carried round the artery from within outwards. Notwithstanding the distance of the artery from the surface, it seemed to an observer that the vessel was reached with comparative ease. The man died on the seventh day after the operation, with gangrene of the extremity. At a post-mortem examination, it was found that the external iliac vein had been completely and for some time obliterated, doubtless by the pressure of the aneurism, but the common iliac veins and the small extent of the former vein on the proximal side of the aneurism were pervious, and contained fluid blood. The ligature had been applied very near the middle of the right

common iliac artery, which was about two inches in length.

Case 3 was that of a young man who accidentally punctured the femoral artery in the middle of the thigh. Blood had flowed very freely from the wound, and had been temporally restrained by a pocket handkerchief tied around the limb. The operation consisted in enlarging the wound in the line of the artery until the hole in the vessel was seen, the point of the fore-finger of the left hand being kept upon the aperture until the continuity of the artery was sufficiently exposed to allow of a ligature being applied both above and below the wound. This done, no further hemorrhage occurred. The ligatures came away on the twelfth and thirteenth days respectively after operation, and the patient left hospital a few days later convalescent."—*Med. Times and Gaz.*, Oct. 26, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Two Ounces of Chloroform swallowed without fatal results.—Dr. J. E. Tefft, of Springfield, Mo., records (*Western Journal of Med.*, Dec. 1867) the case of a man 28 years of age of good constitution, but broken down by hard drinking, who, with suicidal intent, swallowed two ounces of chloroform. No physician saw him until about three-quarters of an hour afterwards, at which time he was in complete coma and unable to swallow. Two hours after taking the dose signs of prostration came on, the pulse became very feeble, the respiration very laboured, skin cold, &c. Afterwards reaction set in and the patient recovered, and was well in a week. The whole of the chloroform swallowed was retained, no portion was vomited, and a stomach pump was not at hand. The case is interesting from the large quantity of chloroform swallowed and retained without fatal consequences.

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Trial of Tetrachloride of Carbon as an Anæsthetic; Dangerous Effects.—Prof. E. Andrews, of the Chicago Medical College, reports (*Chicago Medical Examiner*, Dec. 1867) a case in which it was necessary to perform resection of the hip-joint, in a very anæmic and exhausted patient, and who having previously suffered much from nausea after inhaling ether, disliked to take it a second time. As one of the chief advantages claimed for the tetrachloride of carbon is its freedom from nauseating effects, Prof. E. deemed that article best to use in this case. Nothing remarkable occurred at first, but after the lapse of a few minutes, the assistant, whose duty it was to watch the pulse, observed that it increased suddenly in frequency, so that in a short time he was unable to count it. At the same time, the patient, who was not yet unconscious, complained of a violent pain, as of cramp, in the vicinity of the heart, and after a moment more, the pulse and respiration both suddenly ceased. The patient's head was spasmodically drawn backward, the countenance looked pale and deathly, and the pupils of the eyes dilated until the iris could scarcely be seen. Artificial respiration was at once commenced, and strong aqua ammoniæ was rubbed in the nostrils, under which treatment, the patient revived again, although to all appearance almost dead. The anæsthesia was then completed by concentrated sulphuric ether, without further accident, and the carious bone excised in the usual manner. Prof. E. says that though there did not remain any prolonged unfavourable effect from the tetrachloride, he would not venture to use it again with our present knowledge.

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Removal of an Abdominal Tumour.—Dr. Delafield presented to the Academy of Medicine (New York) a large abdominal tumor, which had been removed October 20, by Dr. Atlee; the greatest circumference of the abdomen had been five feet; two weeks before the operation sixty pounds of liquid had been drawn off, and the day of operation forty-two pounds more. It was purulent and fetid. The patient did well for about twenty hours, but died at the end of thirty-six hours after the operation. The specimen was found to contain the uterus. In the discussion which followed the president, in response to a question from Dr. Markoe, related a case in which he had extirpated the uterus with a uterine tumour. Dr. Storer's cases were alluded to. Dr. Van Buren mentioned another case.—*Medical Gazette*, Dec. 7, 1867.

Toland Medical College (*San Francisco*).—At the commencement held on the 10th of October, the degree of M. D. was conferred on seven candidates.

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OBITUARY RECORD.—Died, in Cincinnati, Sept. 29th, 1867, of general paralysis, GEORGE GETZ SHUMARD, M.D., an eminent geologist and physician. He was connected with several government scientific expeditions, and was State geologist of Texas.

FOREIGN INTELLIGENCE.

Our Knowledge of the Treatment of Cholera.—The Cholera conference at Weimar gave Mr. SIMON, the Medical Officer of the Privy Council of England, the opportunity of comparing notes with the foremost of his fellow-workers in the field of epidemiology on the Continent, and the results of this interchange of experience as regards our present practical knowledge of cholera are thus expressed in his late report:—

"I am led to consider once more whether the additions which our previous knowledge of cholera has hitherto during this epidemic received, are such as to change in any respect the principles on which I have heretofore advised against cholera, or in any way to require that I should make other practical recommendations than those which were last year issued from this department. After giving to this question the best consideration in my power, I answer it, though with very mixed feelings, confidently in the negative. Doubtless it is lamentable that one should still have to speak almost with despair of the medical treatment of developed cholera. But so it is. The task continues to be, as from our first acquaintance with the disease it has been, an almost hopeless task for the practitioner. The experience of renewed epidemics, the studies of thirty-five years, have in this respect done little more than warn us from various kinds of hurtful activity, and teach us that at present our utmost power is but perhaps some very little ability of palliation. In the treatment of incipient cholera there might certainly seem more room for hope; but competent physicians are not agreed that even here their art has much true efficiency against the disease. Practically, then, more and more, as facts like the above become notorious, the business of resisting cholera on any large scale resolves itself into aims of prevention. And in contrast with the powerlessness of curative medicine, the preventive power which we possess is among the happiest possessions of science. Yet here, as in the former respect, though for reasons which are widely different, I have again nothing new to advise. That which for public use in this country I believe to be, without any shadow of doubt, now, as for long-past years, the all-important principle of cholera prevention—the principle that, for us, cholera derives all its epidemic destructiveness from filth, and specially from excremental uncleanness—this, of course, may be iterated and reiterated, with new and newer illustrations, but the utmost prominence which I can give to it was given in my last year's memorandum, and new knowledge neither permits me to express myself less strongly on the subject, nor enables me to express myself more strongly, than I have done even years and years ago."—*Med. Times and Gaz.*, Oct. 12, 1867.

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The Contagium of Cholera.—The researches of Klob and Thomé on the vegetable *mucedo*, which they have observed in the intestinal contents of cholera patients, have already been more than once referred to by us. Those who wish to follow up the subject will find the details in Klob's monograph, *Des Cholera Processus*, Leipzig, 1867; and Thomé's paper on "Cylindrotænia Choleræ Asiaticæ," in Virchow's *Archiv*, 38, xiv. tab. vii. Professor Hallier of Jena has published recently an elaborate research on this subject (*Das Cholera Contagium: botanische Mitersuchungen, von Arzten und Naturforschen mitgetheilt.* Leipzig, 1867). By an elaborate series of experiments, he gives a complete account of the culture of the organism found in the rice-water evacuations and vomited matter of cholera patients, which he identifies as colonies of *micrococcus*, the fruit of an *ustilago*. He says: "The most important fact in the appreciation of the *mucedo*, in its relations with a (hypothetical) contagium of cholera, is its energetic and almost inodorous decomposition of the azotized matters by the *cysts* of the *micrococcus*, at a high temperature—25-37°; the intestinal epithelium is completely decomposed by the *micrococcus*. If we reflect that the cholera is essentially characterized by the decomposition of the intestinal epithelium, and that

the *micrococcus* produces this decomposition, there is no room for seeking or admitting a choleraic contagium beyond the colonies of *micrococcus*." The practical application of these researches to the use of various chemical disinfectants is borne in view. The author supposes that the *mucedo* takes its origin on the banks of the Ganges; that it is produced on the rice, and forms part of the *ustilago*.—*Brit. Med. Journ.*, Oct. 19, 1867.

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Destruction of Marsh Miasmata by the Cultivation of the Sunflower.—M. EMILE MARTIN, in a note sent to the Society of Experimental Therapeutics, states some observations which tend to show that the cultivation of the sunflower (*Helianthus annuus*,) will render localities infected with marsh miasmata healthy. This opinion, he says, is strongly maintained in certain localities in Holland, and he further asserts that the observatory at Washington has been exempt from intermittents, since plantations of sunflower have been annually cultivated there.—*Revue de Thérapeutique*, Nov. 15, 1867.

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Production of Scurvy Artificially.—A paper has been laid before the Royal Academy of Vienna, by M. A. Russak, of St. Petersburg, in which the author records several interesting experiments made with a view to discover the effect of common salt in producing scurvy. In M. Russak's first observation the web of a frog's foot was examined under the microscope shortly after a dose of salt had been subcutaneously administered. In this case the capillaries were found dilated and charged with blood globules. M. Russak next immersed a number of frogs in solution of salt of 5 per cent. strength. The animals lived for only three days, and post-mortem examination revealed the existence of numerous ecchymoses of the heart, the muscles of the lower extremities, the liver, lungs, and kidneys. The interdigital membrane presented a single capillary from whose ruptured walls a number of blood corpuscles had made their escape. Dogs submitted in like manner to the action of common salt were found to give similar results.—*Med. Times and Gaz.*, Nov. 9, 1867.

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Ligature of the Lingual Arteries.—M. DEMARQUAY, the distinguished surgeon of the Maison Municipale, has recently presented to the Academy of Medicine of Paris an interesting communication on the subject of ligature of the lingual artery. After having given the history of twelve cases, in eight of which he operated himself, the other four having been collected from various sources, the author comes to the conclusion that ligature of the lingual arteries is not a difficult proceeding, and that the occasion for the performance of it is by no means of rare occurrence. Ligature of the arteries of the tongue has often been necessary in order to arrest hemorrhage, and the observation of this fact suggested to M. Demarquay the advisability of applying the ligature in the removal of large and deeply-seated tumours of the tongue. The results of his operations have borne out this view. Demarquay has, however, carried his experiments further, and has used the operation for other purposes than that of merely arresting hemorrhage. And herein consists the chief interest of his memoir. The ligature of both arteries of the tongue has been attempted with the view of bringing on atrophy of cancerous tumours of the organ, and, as a consequence, of prolonging the life of the patients. This experiment has been crowned with success, and in all the cases (amounting to three) the object was completely attained; while the sequelæ of the operation were of a most simple kind, and caused no inconvenience save temporary dysphagia, due to the proximity of the artery to the pharynx. In every case the wound was said to have healed easily and rapidly.—*Lancet*, Oct. 19, 1867.

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Methods of Dressing Wounds in the Parisian Hospitals.—The question of what is the best method of dressing wounds is now one of the most contested in France. It will, perhaps, be interesting for you to know the practice in this respect of our most highly reputed surgeons. It is not long since every one attempted at first to obtain union by first intention, and dressed the line of junction of the wound simply with fenestrated rag spread with cerate, and covered with a compress of carded lint (charpie). There remained the power of substituting an irritant pommade, if the wound offered any indications for it. This mode of proceeding is still adopted by many distin-

guished French surgeons, such as Messrs. Richet, Verneuil, Broca, etc. But, in 1852, Dr. Batailhé published a careful pamphlet in which he praised highly the excellent results obtained by the application of alcohol to the surface of wounds. He followed in this the practice of the most ancient surgeons, since Hippocrates, Guy de Chauliac, Paracelsus, Ambrose Paré, the surgeons of the seventeenth and eighteenth centuries, and many others whom I could quote, recommended especially wine, brandy, and aromatic and astringent tinctures. Shortly after the publication of this monograph of Dr. Batailhé, Professor Nélaton tried the alcoholic dressings at the Hôpital des Cliniques; and the result obtained, which seemed to be very favourable, has been detailed in an inaugural thesis published by one of his house-surgeons, Dr. Gauligac. This practice became then widely extended, and was followed by a great many practitioners.

Soon afterwards, led by theoretical ideas that the accidents which complicate wounds are most frequently due to the absorption which takes place on their surface of molecules of matter already dead, of septic matters in various stages of decomposition, other substances were tried as dressings, which have the character of being especially antiseptic. Thus M. Maisonneuve, surgeon of the Hôtel Dieu, has for some time employed almost exclusively a solution of carbolic acid, of which the following is the formula: Crystallized carbolic acid, 1 part; distilled water, 100 parts. M. Maisonneuve contents himself with dipping into this liquid a quantity of charpie, which he then applies directly on the diseased surface, covering the whole with several compresses and an appropriate bandage. Under some circumstances, when the wound appears to be in a condition of atony, M. Maisonneuve employs aromatic wine, or a tincture of arnica more or less diluted with water. We can affirm that most of those who, like ourselves, have followed the practice of this eminent surgeon, have been struck by the numerous cures obtained by this method. Glycerine, of which the antiseptic properties are well known, is preferred by Dr. Demarquay. This distinguished surgeon published, some years ago, a very complete paper on the use of glycerine. It presents, amongst other advantages, that of forming, in combination with starch, glyceroles with which a great number of medicinal substances can be incorporated. Ointments can thus be dispensed with; and we can avoid the employment of fatty substances, which make it so difficult to keep a wound in a proper state of cleanliness. In another school, the dressing of wounds is reduced to the utmost possible simplicity. They are merely covered with a compress steeped in cold water. Dr. Cusco, surgeon to the Lariboisière Hospital, uses an infusion of elder-flowers, instead of pure water. It is difficult to give judgment as to which is the best of these methods. M. Maisonneuve's plan, and pre-eminently the alcoholic dressings, are those which are most in favour. In addition, all surgeons are agreed in acknowledging the salutary influence exercised on wounds by the most perfect possible ventilation of the wards, the mental condition of the patient, the suppression of pain by anæsthetics, the careful ligature of arteries, great care not to excite pain while dressing wounds, and good alimentation.—*Brit. Med. Jour.*, Oct. 5, 1867.

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Extirpation of Spleen.—M. Pean recently presented to the French Academy a woman, aged 20, who had undergone the operation of extirpation of the entire spleen with the best results. The operation was undertaken under the idea that an ovarian or other pelvic tumour had to be removed, and neither the history of the progress of the case nor the results of careful and repeated examinations led to the most remote suspicion that the spleen was the organ concerned. The details of the operation may be perused in the memoir about to be published, and it will suffice here to say that, owing to the attachments of the diseased organ to the other viscera, it was difficult and tedious, and, with the aid of metallic ligatures and the actual cautery, was completed in the course of two hours, with very trifling loss of blood. At the end of the tenth day the patient was enabled to go down stairs into the garden, and about two months afterwards was presented to the Academy quite well. The tumour was formed of a large unilocular cyst, containing a very viscid fluid, and of great hypertrophy of the substance of the spleen. At present no serious injury or interruption to any function seems to have resulted from the ablation. Besides the innocuity of the operation, this case furnishes an additional proof that it is a mistake to say that

gastrotomy performed within Paris will necessarily prove fatal. In five out of the author's six cases of ovariotomy performed in Paris success has been the result.—*Med. Times and Gaz.*, Dec. 7, 1867.

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Bichloride of Methylene.—Mr. P. Marshall gave, to the Medical Society of London, the details of five cases in which he had administered the bichloride of methylene—ovariotomy, excision of half of the lower jaw, amputation of the foot, fistula, and chronic disease of the knee-joint. He paid a just tribute to Dr. Richardson's inventive genius, stating that he considered the discovery of the bichloride of methylene a triumph of scientific induction, and that it would prove a useful and safe addition to our anæsthetics. This anæsthetic requires to be used with an apparatus which will permit its rapid diffusion together with the admission of air. M. Faveaux has completed an apparatus well suited for this purpose. The effects of the bichloride are much more rapid than those of chloroform; the second stage of narcotism is not well-defined, but the patient passes rapidly from the first to the third. Two of the cases in which he had used the bichloride were followed by slight sickness, but in the others it acted kindly, quickly, and favourably. The time required to put the patient under complete influence was from three and a half to seven minutes, and the quantity used was from two to six drachms. The pulse in three cases ranged trom 65 to 80; the others offered a marked contrast in this respect, for it ranged from 114 to 120. In one case there was squinting during its action.—*British Med. Journ.*, Dec. 7, 1867.

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Ozone.—It is now confidently asserted that, through the persevering labours of several distinguished chemists, the true nature of this important agent has been discovered. In the *Med. Times and Gaz.*, Oct. 5, 1867, will be found a very interesting paper on this subject with a résumé of the various hypotheses on the nature of ozone, which have been propounded from the time of its first observer, Van Marum, in 1785, or of its real discoverer, Professor Schönbein, in 1840, down to the satisfactory solution of the present day.

Andrews and Tait, in a paper presented to the Royal Society in 1860, comfirmed the previously known fact that only a small proportion, in extreme cases only one-twelfth, of the oxygen can by the electric discharge be converted into ozone, found that a constant and considerable diminution of volume accompanied the change. 100 volumes of oxygen, when subjected to the silent discharge, may contract to about 92 volumes. Hence ozone must be denser than oxygen. But another important fact was observed. Mercury, or some other oxidizable substance, was introduced into the ozonized oxygen, and the ozone was entirely absorbed. Strange to say, the oxygen which remained behind was found to have precisely the same volume as it had before the removal of the ozone. If 92 volumes of ozonized oxygen were so treated, 92 volumes of oxygen free from ozone would in all cases remain behind, so that the density of ozone appeared to be absolutely infinite. On the other hand, if the ozonized oxygen were heated, the original 100 volumes would be obtained, because, as every one knows, ozone is destroyed by heat.

Andrews and Tait did not attempt to account for this extraordinary fact; but soon afterwards Dr. Odling suggested an explanation which has recently been confirmed in a most striking manner by an experiment of Soret's. (*Comptes Rendus*, November 27, 1865.) It is now conceded by nearly all chemists that each molecule of oxygen in the free state consists of two atoms—that, in fact, the true formula for free oxygen is O_2. Odling suggested that the formation of ozone might really be the condensation of another atom of oxygen into each molecule, and that the formula for ozone might therefore be O_3, and its density one-half greater than that of oxygen. When 100 volumes of oxygen were reduced by ozonization to 92 it might be supposed that 8 volumes of oxygen combined with 16 volumes, and produced 16 volumes of ozone. The change might be represented in this way :—

$$4O_2 + 8O_2 = 8O_3.$$

a molecule of ozone O_3 occupying the same volume as a molecule of oxygen O_2. The absorption of the ozone by mercury, iodine, etc., might really be only the removal of the third atom of oxygen, which would of course leave the volume unaltered.

16 volumes 16 volumes

$$8O_3 + 8Hg = 8O_2 + 8HgO.$$

The same view would account for the mutual reduction which ozone and peroxide of hydrogen exercise upon one another, and, in fact, for all known reactions of ozone.

Ozone.	Peroxide of hydrogen	Oxygen	Water
O_3 +	H_2O_2 =	$2O_2$ +	H_2O.

This beautiful hypothesis, however, must have remained a mere hypothesis but for the remarkable experimental verification which it has received from the hands of M. Soret. We have seen that all ordinary substances are only capable of removing one atom of oxygen from each molecule of ozone; but Soret has at length succeeded in finding a body—oil of turpentine—which absorbs the whole molecule, the whole three atoms of oxygen. To take our previous illustration, if the 92 volumes of ozonized oxygen were treated with oil of turpentine, a dense white cloud would appear, the ozone would disappear, but instead of the volume remaining the same it would contract to 76 volumes, the $16O_3$ having been removed bodily instead of being merely reduced to $16O_2$.

This experiment seems to place the matter beyond a doubt, and instead of the mass of hypotheses which so lately reigned, we have now a simple, beautiful, and coherent theory which affords an intelligible explanation of known facts. It is the more to be rejoiced at, since the importance of ozone in art as well as nature seems to be rapidly developing, and it is impossible to say how high that importance may rise.

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Artificial Legs and Arms.—The Exhibition of 1867 was rich in artificial limbs. M. Tillaux, in his report of the jury, justly observes that there are two different ends served by these limbs; one of perfect imitation and deception; the other of real utility for the ordinary needs of life. The best artificial arms were till lately, from this point of view, objects of luxury, and the hook was more useful for working purposes than the hand, although less sightly. M. de Beaufort has, says the reporter, at last constructed an arm as simple as it is useful. He calls it the poor man's arm; a just title, since it is cheap and capable of assisting the working man. The hand works nearly always as a pair of pincers, the thumb forming the branch, and the four other fingers forming the second branch. M. Beaufort has constructed a hand composed of four immovable fingers, half flexed, and of the movable thumb, placed in opposition to the medius and index. A simple spring in India-rubber adapted to the thumb permits the patient to separate it from or bring it in contact with the other fingers, and the problem of prehension is solved in a most complete and simple manner. A Crimean soldier, who had lost both of his arms, was able with the apparatus of M. de Beaufort to play four games of chess without his adversary suspecting the mutilation. The hand is very light, and infinitely cheaper than those hitherto made, and it is useful. When the amputation is complete and only a stump is left at the shoulder, a simple movement of the stump extends the artificial arm, with the palm of the hand presenting upwards, or flexes the forearm, carrying the hand into the prone position. The arm may be fixed at will in the latter (the most useful) position in a very solid manner. M. Tillaux concludes that this is an immense progress in the construction of artificial arms, and leaves really little to desire. In artificial legs, M. Beaufort also, according to the reporter, succeeded beyond others in introducing happy modifications. Remarking that the *pilon* was the apparatus preferred by patients, he has ingeniously adapted a wooden foot so as to increase largely the surface of support on the ground, and to destroy thus the principal objection to the *pilon*. Further, and this is a capital point, the inventor has given to the plane surface of the foot, a convex form which permits the patient to raise himself on the stump, at the same time that he bends the leg to make a step by bearing on the fore part of the foot. He simulates thus the normal mode of walking. M. Tillaux also praises highly an articulated artificial leg of the same inventor. Many makers exhibit beautiful apparatus, well-made, capable of deceiving the eye of the observer, but which the patient is happy to abandon for the simple *pilon*.—*Brit. Med. News*, Nov. 2, 1867.

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New Method of Preparing Anatomical Specimens.—Very great interest, almost amounting to enthusiasm, has been excited amongst anatomists and pathologists by the admirably preserved dry preparations of Professor Brunetti, of Padua, displayed

at the Paris Exhibition. In the specimens thus preserved, microscopic forms and topographical relations of parts are preserved; they retain their lightness, and a good deal of their suppleness (they are stiff, but not brittle or immovable); they may be handled without fear, and can be preserved for an indefinite time. Dry, clean, and light, they are readily capable of transmission; and sections of specimens can be forwarded from one observer to another with great facility. M. Brunetti described to the Congress of Paris the method by which he attains these results. It includes various stages: 1. *Washing*, which is done by injections of pure water into the vessels and excretory canals. Thus are withdrawn the blood and other fluids, which escape by a separate issue, accordingly as the injection is made into the arteries, the veins, or the excretory canals. Alcohol is then injected, to complete the removal of the water which has been left in the vessels. This injection is intended to prevent the putrefaction which would result from the presence of water in the tissues, and to prepare the way for other substances possessing the power of arresting putrid decomposition. It is known that tannin enjoys this property in an eminent degree in respect to all the tissues except fat. 2. The removal of the fat must, therefore, precede the tanning. It is practised by the aid of sulphuric ether. The duration of this operation varies from two to ten hours. The ether is injected through the vessels into the substance of the tissues, which it frees from their fat. 3. The *tanning*, or preparation by tannin, is performed after the ether has been removed by repeated washing. The tannin is dissolved in boiling distilled water, and the solution is injected into the arteries, the veins, and the excretory canals. 5. The drying is effected with air heated and dried by the aid of chloride of calcium. This air not only surrounds the external parts; it penetrates to the interior of the tissues by means of an appropriate forcing pump, which carries even into the primitive histological elements a continuous current of air compressed by a pressure of several atmospheres. The air reaches the utmost extremities of the capillary vessels, traverses their walls, penetrates all their cavities, insinuates itself into all the interstices, driving before it all the fluids which it replaces. Thanks to it, the vessels preserve their normal state of dilatation, as if they were still traversed by fluids. M. Brunetti's preparations have been among the most interesting objects at the exhibition; and he has shown great public spirit in describing openly all the processes by which they are obtained.—The following process of M. Von Vetter, for the preservation of anatomical specimens, has also been recently published, and is said to yield excellent results: Add to seven parts of glycerine at 22° one part of raw brown sugar and half a part of nitre, till a slight deposit is formed at the bottom of the vessel. The portion required to be preserved is then plunged, dried or not dried, and it is left in the mixture for a time proportional to its dimensions; a hand, for example, should remain eight days in the liquid; when it is taken out, it is as stiff as a piece of wood, but if it be suspended in a dry and warm place, the muscles and articulations recover their suppleness.—*Brit. Med. Jour.*, Oct. 5, 1867.

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Our Black Descendants.—At a meeting of anthropologists, which had also an international character, at Paris lately, M. Quatrefages, one of the most eminent French *savans*, raised the question, whether the first inhabitants of Europe were white or black. M. Quatrefages thinks that the whites preceded every where the negroes, who descend from them. The principal argument which he invokes in favour of that opinion is the following. All travellers who have lived in countries where only the negro race dwelt, have remarked that sometimes children were born of paler colour, less distant from the white type. This, says M. Quatrefages, is to be explained by the influence of white ancestors, whose type reappears exceptionally amongst their negro descendants. This reappearance of the ancestral type is what is called atavism; "and, as black children are never found amongst the white races, it must be inferred that, if the negroes descend from the whites, the whites do not descend from the negroes."—*Brit. Med. Journ.*, Oct. 12, 1867.

We strongly suspect that M. Q. designed to quiz the anthropologists, for he surely could not have ventured upon such fallacious reasoning in sober earnest. He is too good a naturalist not to know that albinism occurs in all races of man and in every species of quadrupeds and birds, and that it can have no possible relation to the succession of races.

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The little book before us has this quality, and we can therefore say that all students will find it an invaluable guide in their pursuit of clinical medicine. Dr. Hartshorne speaks of it as "an unambitious effort to make useful the experience of twenty years of private and hospital medical practice, with its attendant study and reflection." That the effort will prove successful we have no doubt, and in his study, and at the bedside, the student will find Dr. Hartshorne a safe and accomplished companion. We speak thus highly of the volume, because it approaches more nearly than any similar manual lately before us the standard at which all such books should aim—of teaching much, and suggesting more. To the student we can heartily recommend the work of our transatlantic colleague, and the busy practitioner, we are sure, will find in it the means of solving many a doubt, and will rise from the perusal of its pages, having gained clearer views to guide him in his daily struggle with disease.—*Dub. Med. Press*, Oct. 2, 1867.

Pocket handbooks of medicine are not desirable, even when they are as carefully and elaborately compiled as this, the latest, most complete, and most accurate which we have seen.—*British Med. Journal*, Sept. 21, 1867.

This work of Dr. Hartshorne must not be confounded with the medical manuals so generally to be found in the hands of students, serving them at best but as blind guides, better adapted to lead them astray than to any useful and reliable knowledge. The work before us presents a careful synopsis of the essential elements of the theory of diseased action, its causes, phenomena, and results, and of the art of healing, as recognized by the most authoritative of our professional writers and teachers. A very careful and candid examination of the volume has convinced us that it will be generally recognized as one of the best manuals for the use of the student that has yet appeared. — *American Journal Med. Sciences*, Oct. 1867.

He evidently has opinions of his own, and does not hesitate to avow them in unequivocal language. Within a very small compass he has compressed a vast amount of matter in a clear, convenient, and well-arranged form. We have no hesitation in affirming that it is the best book of the kind we have ever seen. To the country practitioner, whose time is necessarily chiefly occupied in riding over his extensive district, we would commend this book as being a library of practice in itself, and one that can be conveniently carried in his coat pocket.— *Leavenworth Med. Herald*, Oct. 1867.

So well has the author accomplished his object, that we cannot refrain, despite our prejudice against handy-books in general, from pronouncing it a remarkable success. The arrangement of the subjects is most judicious and unexceptionable, and the manner in which he treats of the "essentials" of medicine is in the highest degree satisfactory to the reader. We have perused it diligently, and we hope impartially, and lay it down with naught but commendation.—*N. Y. Med. Record*, Sept. 16, 1867.

We must, with all candor and courtesy, concede to the author that he has done his work vastly better than those who have preceded him in this line.—*New York Med. Journ.*, Oct. 1867.

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